

PATENT
450117-03688

1631

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : William FORD et al.
Serial No. : 10/008,179
For : LINKER MOLECULES FOR SELECTIVE
METALLISATION OF NUCLEIC ACIDS AND
THEIR USES
Filed : December 7, 2001
Examiner : Ardin H. Marschel
Art Unit : 1631

#5/B
Plunkett
4/16/03

745 Fifth Avenue
New York, NY 10151

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, DC 20231, on March 31, 2003.

William S. Frommer, Reg. No. 25,506

Name of Applicant, Assignee or Registered Representative

William S. Frommer
Signature

March 31, 2003

Date of Signature

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RESPONSE TO RESTRICTION REQUIREMENT

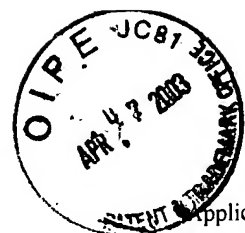
Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

In response to the Office Action dated March 10, 2003, please amend the above-identified application as follows:

Please cancel claims 10-30 without prejudice.

The claims of the present application are as follows:



PATENT
450117-03683

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : William FORD et al.
Serial No. : 10/008,179
For : LINKER MOLECULES FOR SELECTIVE METALLISATION OF NUCLEIC ACIDS AND THEIR USES
Filed : December 7, 2001
Examiner : Ardin H. Marschel
Art Unit : 1631

745 Fifth Avenue
New York, NY 10151
Tel: 212-588-0800

Assistant Commissioner for Patents
Washington, D.C. 20231

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.
☐ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	9	Minus	** =30	* 0 x	\$18 (9)	= \$ 0
Independent claims	1	Minus	*** =3	* 0 x	\$84 (42)	= \$ 0
Total additional fee for this amendment						\$ 0

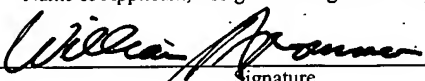
- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the highest number of total claims previously paid for is less than 20, write "20" in this space.
*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$280(140) has been previously paid ☐, or is paid herewith ☐.
- ☐ This response is being filed within the _____ month following the expiration of the term originally set therefor. This is a petition to request a _____ month extension of time. A check covering the cost of the petition is enclosed.
- ☐ A check in the amount of \$_____ is attached, which covers the cost of ☐ additional claims _____ petition for extension of time.
- ☐ Charge \$_____ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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William S. Frommer, Reg. No. 25,506

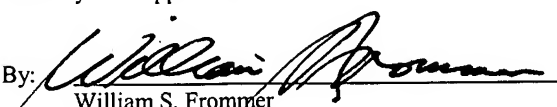
Name of Applicant, Assignee or Registered Representative


Signature
March 31, 2003

Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicants

By: 
William S. Frommer
Reg. No. 25,506
Tel: 212-588-0800

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